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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50291/004002
Applicant	Robert Chalifour et al.
Title	Vaccine for the Prevention and Treatment of Alzheimer's and Amyloid Related Diseases

PRIORITY INFORMATION:

This application is a continuation of, and claims priority from, U.S. Patent Application Serial No. 09/724,842, filed November 28, 2000, which claims priority from U.S. Patent Application Serial No. 60/168,594, filed November 29, 1999 (now abandoned).

SMALL ENTITY STATUS:

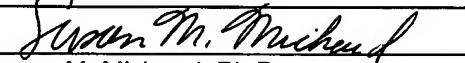
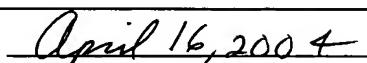
Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	15 pages
Claims	8 pages
Abstract	1 page
Drawings	7 sheets
Combined Declaration which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/724,842 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
A Revocation and New Power of Attorney from prior application 09/724,842.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages

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Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 45-20 x \$9	\$225.00
Excess Independent Claims Fee: 4-3 x \$43	\$43.00
Multiple Dependent Claims Fee: \$145	\$0.00
Total Fees:	\$653.00
<input type="checkbox"/> Enclosed is a check for \$0.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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